

# Federal Health Insurance Reform

## Frequently Asked Questions

### **When does the new health care reform start?**

The health insurance reforms are phased-in over the next 5 years. Most provisions will not take effect until Jan. 1, 2014, but some new protections must begin when plans renew after Sept. 23, 2010. In addition, a new federal high-risk pool will start in July and greater transparency will be required of insurance plans in the coming months.

### **Will I have to give up my current coverage?**

No. Comprehensive health plans, in effect before March 23, 2010 are grandfathered under the law and will be considered “qualified coverage” that meets the requirement to have health insurance by January 2014.

### **Why am I required to buy health insurance?**

The goal of the health care reform law is to ensure that no one is denied coverage of coverage due to a health problem. The law requires that everyone have minimum coverage to create a larger pool of both sick and healthy individuals.

### **When can I add my 21 year-old to my plan?**

Insurers and employers that provide coverage to dependent children must extend coverage to adult children of enrollees up age 26. This reform becomes effective on Sept. 23, 2010. You will be able to enroll your child on your group coverage at the first open enrollment period following this date.

### **What are health insurance exchanges?**

Exchanges are created to assist individuals and small businesses purchase health insurance. In 2014, an exchange will be set up in each state to help consumers compare certified plans. If you choose, you can still purchase coverage through your agent or broker.

In addition, for those with qualifying incomes, subsidies will be available to reduce premiums and cost-sharing for plans purchased through the Exchange

### **How will the bill improve access to preventive care?**

On Sept. 23, 2010, plans that were purchased after March 23, 2010, must, upon renewal, eliminate any cost-sharing for preventive services covered under the contract.

### **I have been denied coverage because I have a pre-existing condition. What will this law do for me?**

Beginning July 1, 2010 coverage will be available to people with pre-existing conditions and who are uninsured for at least six months through a high-risk pool (MACP). MACP will provide affordable coverage that immediately covers pre-existing conditions. In 2014, insurers cannot discriminate against anyone with pre-existing conditions in offering or pricing health insurance policies.

### **My household income is less than \$50,000 and my employer does not subsidize our health insurance and we cannot afford it on our own. Does the new law make coverage more affordable?**

Moderate-income families whose employers do not subsidize health insurance coverage will be eligible for subsidies that enable them to purchase coverage through the Exchange in their state. The amount of these subsidies, which will reduce premiums and out-of-pocket costs for deductibles, co-payments and coinsurance, will depend upon the size of your family and your household income.

### **Will my health insurance premiums continue to go up?**

Some individuals and families with health problems may see their premiums decrease significantly under the new rating rules, for most Americans premiums will continue to increase from year to year. However, the new law is designed to prevent unreasonable and unexpected spikes in premiums and, over time, to slow the growth in health care spending.

Find out more:

**csi.mt.gov**

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